



MILWAUKEE COUNTY

## BEHAVIORAL HEALTH DIVISION

### *S*ERVICE *A*CCCESS TO *I*NDEPENDENT *L*IVING

9201 W. Watertown Plank Road

Milwaukee, WI 53226

(414) 257-8095

Fax: (414) 454-4242

Date: \_\_\_\_\_ Consumer Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Marital Status (Circle One) M S D W Sep.

Insurance: None \_\_\_\_\_ T-18 (Medicare) \_\_\_\_\_ T-19 (Medicaid) \_\_\_\_\_ I CARE \_\_\_\_\_

T-18/T-19 Pending \_\_\_\_\_ Private Insurance \_\_\_\_\_ Veteran's Benefits \_\_\_\_\_

Insurance # (Include Policy # and Group # if Private): \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Income (Circle all that apply): Pension SSI SSD Wages Other Amount/Month: \_\_\_\_\_

If Applicable, Name of Payee: \_\_\_\_\_ Relationship/Agency: \_\_\_\_\_

Payee's Phone: \_\_\_\_\_

Legal Status (Check all that apply): Voluntary \_\_\_\_\_ Chapter 51 \_\_\_\_\_ Chapter 55/880 \_\_\_\_\_

Parole/Probation \_\_\_\_\_ Pending Criminal Charges \_\_\_\_\_

Please explain (i.e., Stipulations, Expiration Dates, Guardian, etc.): \_\_\_\_\_

Diagnosis: Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Current Service Providers: \_\_\_\_\_

SAIL Services Being Requested: \_\_\_\_\_

Referent's Interim Care Plan (Provider, Location, Frequency): \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Affiliation: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Fax: \_\_\_\_\_

SAIL USE ONLY: CMHC Unit Number: \_\_\_\_\_ SCRIPTS #: \_\_\_\_\_

Name: \_\_\_\_\_

## **I. RISK FACTORS**

List problems that place consumer or others at risk based on past or current status. Include history of self harm, arson, assault, homicide, etc. \_\_\_\_\_

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## **II. PHYSICAL CONDITION/HEALTH**

List problems/disabilities \_\_\_\_\_

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\_\_\_\_\_ Meets own medical care needs

\_\_\_\_\_ Requires services to facilitate medical care

Specify: \_\_\_\_\_

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## **III. HOUSING**

Check consumer's community living arrangement:

\_\_\_\_\_ lives alone

\_\_\_\_\_ lives with others      Specify: \_\_\_\_\_

\_\_\_\_\_ homeless and living:      in a shelter \_\_\_\_\_      on street \_\_\_\_\_

If presently hospitalized, date of admission: \_\_\_\_\_

Housing is:      \_\_\_\_\_ rented      \_\_\_\_\_ owned

Cost:      \$ \_\_\_\_\_ /month      Subsidized? \_\_\_\_\_

If housing problems exist, please specify (include history of evictions, homelessness, etc.):

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Name: \_\_\_\_\_

#### **IV. SOCIAL SUPPORTS**

Does the consumer have social supports?

|           | <u>Name</u>        | <u>Relationship</u> | <u>Support Provided</u> |
|-----------|--------------------|---------------------|-------------------------|
| _____ Yes | _____              | _____               | _____                   |
|           | _____              | _____               | _____                   |
|           | _____              | _____               | _____                   |
| _____ No  | List support needs | _____               | _____                   |
|           | _____              | _____               | _____                   |
|           | _____              | _____               | _____                   |

Pertinent cultural factors: \_\_\_\_\_  
\_\_\_\_\_

#### **V. COMMUNITY LIVING SKILLS**

Please indicate if problems arise in any of the following areas:

|                |                        |                |               |
|----------------|------------------------|----------------|---------------|
| _____ Hygiene  | _____ Housekeeping     | _____ Shopping | _____ Cooking |
| _____ Dress    | _____ Money Management | _____ Laundry  |               |
| _____ Mobility | _____ Transportation   | _____ Reading  |               |

1. Indicate the consumer's use of time including involvement with employment, psychosocial clubs, partial hospitalization, voc. rehab., etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please specify any special needs that the consumer may have (i.e. interpreter, adaptive devices, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **VI. MENTAL HEALTH**

Briefly describe history of inpatient and outpatient treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Current Prescribed Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate one of the following: \_\_\_\_\_ Generally takes meds. as prescribed.  
\_\_\_\_\_ Often does not take prescribed meds.  
\_\_\_\_\_ Usually does not take meds. as prescribed.

Describe alcohol and drug use (history, types, frequency, treatment, etc.). Include implications for current treatment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the consumer's understanding of his/her illness, and what are the implications for current treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health Symptoms which interfere with community living: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **VII. CONSUMER PREFERENCE**

State consumer's preferences for community services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have additional comments, please attach them to this document.